HARVARD MEDICAL ALUMNI BULLETIN

Harvey W. Cushing

By Tracy J. Putnam, M.D.

Harvard Epilepsy Commission

By Stanley Cobb, M.D. and W. G. Lennox, M. D.

June, 1932

Annual Meeting Hotel Statler, Thursday June 9, 1 P.M. Luncheon

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By Tracy J. Putnam, M.D.

WITH the resignation of Harvey Cushing, Moseley Professor of Surgery and Surgeon-in-Chief of the Peter Bent Brigham Hospital, the Medical School loses perhaps the greatest figure in its history. Descendant of a long line of distinguished physicians, Dr. Cushing graduated from Yale in 1891 and from Harvard Medical School in 1895. "As an undergraduate" he writes in a charming autobiographical note (1) "I attended with no special thrill what must have been an excellent series of clinical exercises in neurology . . . The impression was gained that the diseases of the nervous system were obscure and included chiefly those maladies for which little could be done." After an internship at the Massachusetts General Hospital, he went to the recently opened Johns Hopkins Hospital. "Soon after I went to Baltimore in 1896 a patient with paraplegia due to a recent gunshot wound of the neck was admitted . . . to the ward under my care as house-officer. . . With the aid of a huge static machine (relic of the neurotherapeutics of the day) and a small Röentgen tube no bigger than a baseball, I ground out . . . enough röentgen rays in the course of prolonged twenty-minute exposures to cast on a photographic plate the shadow of a bullet lodged in the body of the sixth cervical vertebra. . . Though at the time I was much more absorbed in Röentgen's recent discovery than in neurology, and had never heard of hematomyelia, for the next six months with such precision as I could master I plotted out her anaesthetic skin fields and followed daily with accumulating interest her subsiding paralyses." This was the beginning of an interest in the surgical aspects of neurology. "But cerebral surgery at the time was in the doldrums. . . It was still the day of mallet and chisel for entrance; of wound drainage for closure; and a fungous cerebri with ultimate infection was the almost inevitable and horrifying consequence of most interventions for tumor."

Halstead, the great teacher, recognized a brilliant pupil, and Cushing was given the very responsible Residency in 1897. At the end of his service, in 1900, he went abroad with the intention of learning what was to be known about the surgery of the nervous system. After a few months with Horsley, the outstanding pioneer in neurosurgery, he proceeded to Berne. There in Kronecker's laboratory and under Kocher's direction, he laid a broad foundation for our present-day knowledge of the dynamics of intracranial pressure — a work which brought him wide-spread recognition. He then spent a few months with Sherrington in Liverpool.

"Thus equipped, with my sole neurologic qualifications represented by these two experiences, I returned to Baltimore and petitioned for a post as neurosurgeon in the clinic.

"My former chief was evidently staggered at the proposal. . . There was no possible source of livelihood in neurologic surgery and did I know of anyone, even Horsley, who had actually limited himself to any such specialty? I did not. . . Consequently, for the next few years I continued to do general surgery in an adjacent hospital, and contrary to all expectations

(1) Cushing, H.: Neurologic Surgeons, with Report of a Case. Arch. Neurol. and Psychiat. 10:381-390, 1923.

neurologic cases began to accumulate in such numbers as to guarantee a living. Meanwhile unlooked for laboratory facilities were secured and I was soon able to devote myself to operative neurology and the laboratory."

Cushing's talents met early recognition. He was invited to give the Mütter Lecture in 1901. In 1902 he was made Associate Professor of Surgery at Hopkins. He gave the Carpenter Lecture in 1906, and the Banks Lecture in Liverpool in 1909. His experimental and clinical observations on the functions of the hypophysis were collected in his Harvey Lecture of 1910, which was later expanded into his first book—still a classic—*The Pituitary Body and its Disorders* (1912).

In September, 1912, he became Moseley Professor of Surgery and was given charge of the surgical service of the Peter Bent Brigham Hospital, then just opening.

Scarcely was the new hospital in smooth running order, however, when the War broke out. Realizing the inadequacies of this country's army medical service, Dr. Cushing set about organizing the hospital staff on a war basis. "Base Hospital No. 5" was in readiness when the United States entered the War, and was the second American military organization to take the field. The story of its adventures has been told elsewhere (2) and need not be repeated here. Dr. Cushing returned to the Harvard Medical School in 1919, a Colonel and Companion of the Bath in recognition of his services. He was given the Distinguished Service Medal in 1923.

As the country slowly and painfully recovered from the physical ordeals and no less destructive methods of thought which the War brought with it, the number of neurosurgical cases admitted to the Brigham Hospital increased to scores, then to hundreds per year. Perfecting the organization and devising new technical methods of dealing with the problems presented, involved an incredible amount of ingenuity and devotion.

In addition to this load, and the burden of duties connected with the teaching of surgery and research, Dr. Cushing undertook in 1922 to write a biography of his old friend, Sir William Osler, then recently dead. This he did at Lady Osler's request, and hers was an inspired choice. The two thick volumes—supervised to the last detail of typography by the author—appeared in 1925, and was at once universally recognized as the most outstanding biographical work which this century has produced. In charm, in detail, in unity, in erudition, in style and in construction, it is a masterpiece. "It moves relentless to its end like a Greek tragedy" one medical student wrote. That the Pulitzer prize was awarded to its author is only one evidence of its place in literature.

Meanwhile, accomplishments and honors have continued to accumulate. Even to list them all is beyond the scope of this brief appreciation. In April, 1929, on the occasion of his sixtieth birthday, the Cushing Birthday Volume (3) was tendered to him by his grateful and affectionate pupils, and it contains a three-page list of the degrees and honorary memberships which have been conferred upon him. The list grows longer with every year. Since that compilation, there should be added honorary degrees from Dartmouth College, from the Universities of Strasbourg, Brussels, and Rochester, from Harvard University, from the Universities of Budapest and of Amsterdam. He has received the Lister Medal from the Royal College of Surgeons, and has been the Balfour Lecturer at the University of Toronto and the Welch Lecturer at the Mt. Sinai Hospital. He has received honorary memberships in the British Medical Association, the Sociedad Nacional de Cirurgia de Habana, and the Deutsche Academie der Naturforscher. Meanwhile this list will have grown.

(2) Cushing, H.: The Story of Base Hospital No. 5. Cambridge: The University Press, 1919.

(3) Cushing Birthday Volume. Arch. Surg. April, 1929.

It is equally impossible to review here the scope of his scientific work. Almost every department of neurosurgery has been enriched by contributions from his own pen or from those of pupils working under his direction. The function of the hypophysis remains an absorbing interest. The surgery of the acoustic fibro-neuromas was the subject of a monograph in 1917. He joined with his pupil Percival Bailey in publishing the first comprehensive classification of the gliomas (1925). The surgery of the meningiomas has been the subject of numerous articles. He first pointed out the value of Bovie's electrosurgical equipment for neurosurgery. His last publication, *Intracranial Tumors* (C. C. Thomas, Baltimore 1932), a masterpiece of concise information, leaves little more to be said upon the subject.

This enumeration of facts and dates, of scientific accomplishments and positions filled, gives no more than a bare outline of the deep, rich, many-colored personality whose departure constitutes the University's real loss. Personalities elude description, but colleagues and patients, pupils and companions, who came in contact with "The Chief", will always carry with them a sense of his greatness.

The Work of the Harvard Epilepsy Commission

By Stanley Cobb, M.D. and William G. Lennox, M.D.

SCHOOLS which are organized for the purpose of imparting medical knowledge must constantly be acquiring new knowledge. The advances which have been made in recent decades have not been uniform for the various fields of medicine. In general, investigations have followed the lines of least resistance rather than those of the greatest needs; they have been concentrated in those fields in which positive results seemed most certain or in which new techniques were at hand. For example, the accumulation of new knowledge has been much greater for the infectious and metabolic diseases than for nervous and mental disorders. The urgent need for more work in the latter group is evidenced by the fact that in the United States forty-five per cent of all hospital beds are occupied by patients with nervous or mental diseases. The "master tissues" of the body are closely guarded from injury behind their bony bulwarks, wherefore the brain has proven a most difficult organ to study.

Epilepsy is a condition particularly in need of research. One who reads the accounts written by ancient medical authors and compares them with views expressed by present-day practitioners, is impressed with the amount of superstition and pseudo knowledge which still clings to the contemporary conception and treatment of epilepsy.

Ten years ago the department of neuropathology and of pediatrics of the Harvard Medical School undertook a systematic investigation of this subject. It was realized that many years of exploratory work would be needed before tangible results could be expected. The immediate stimulus came from the case of a child of wealthy parents who was apparently cured of epilepsy by means of fasting. Unfortunately, the apparent cure did not persist. The parents desired that further investigations be carried out, and for several years furnished the chief support for our research.

It has been held by one school of investigators that a disturbance in body metabolism might be the sole and sufficient cause for seizures. For several years search was directed toward this objective. Thousands of blood and urine samples were taken from hundreds of patients and analyzed

for various constituents (nitrogenous products, sugar, calcium, cholesterol, chlorides, fibrin oxygen, carbon dioxide, etc.), abnormality of which might indicate a cause for seizures. Intensive studies were made of uric acid, of sugar and of water metabolism. On the clinical side therapeutic trial was made of starvation and of ketogenic diet, and more recently of water restrictions. These have demonstrated the value in children of the use of a high fat-low carbohydrate diet.

Because of observations that the procedure of over-ventilation caused tetany, convulsions or other neuromuscular phenomena, investigation was made of the effect of variations in the composition of the inspired air upon seizures. It was found that not only was variation in the carbon dioxide content of the air and the blood related to the frequency of seizures, but also the tension of oxygen.

These laboratory and clinical observations, scattered over a decade, demonstrated that seizures could be influenced greatly by changes in body chemistry and physiology. Those conditions which caused alkalosis (over ventilation or ingestion of alkali) tended to induce seizures, whereas acidosis (starvation, ketogenic diet, breathing carbon dioxide, muscular work and ingestion of acids or acid forming salts) tended to inhibit seizures. Likewise, increased oxygen tension of the blood, increase in its sugar or calcium content, or decrease in its water content, tended to protect patients from seizures. It was determined that these physical chemical changes acted by altering the threshold for convulsions and were not in most instances a fundamental cause of seizures.

In spite of these advances in knowledge, it was obvious that more intimate knowledge was needed of what was taking place in the brain itself. Particularly was attention drawn to the cerebral circulation. Research was required into the normal mechanism of cerebral circulation before theories could be proven or disproven concerning possible abnormal conditions taking place in epilepsy. Experiments upon animals demonstrated that vessels on the surface of the brain are under both nervous and chemical control. In patients, analysis of blood entering and leaving the brain has thrown new light on the metabolism of the brain. The possibility of altering cerebral circulation through operations on that portion of the sympathetic system which innerves the cerebral vessels has been demonstrated in animals.

Stimulated by this research surgeons have operated on certain epileptic patients, removing the sympathetic innervation of the cerebral arteries. The cases suitable for this operation must be very carefully chosen, and the work is too recent to be satisfactorily evaluated, but some of the patients have been distinctly benefited.

Another allied clinical investigation is along psychological lines. It has long been known that epileptic patients had fewer seizures when calm and happy, and more when emotionally disturbed. Many cases have been observed and recorded where emotional stress has immediately precipitated a fit. The intimate connection between the sympathetic nervous system and the emotional reactions is now well known. It is surmised that in certain cases, at least, strong emotions may lead to changes in cerebral circulation which cause chemical changes in the nerve cells and precipitate the convulsion. Working on this hypothesis psychiatrists and psychologists in our group have apparently caused complete cessation of seizures in a few patients and have benefited several others. Such work is, of course, slow and painstaking, and many hours must be spent on each patient; first to elicit the causes of anxiety, and then to readjust the patient to environmental difficulties that cannot be remedied. Social service workers are a great help in changing the environment when that is feasible. Much more data must be gathered along these lines before conclusions can be drawn, for it is often difficult to decide whether the emotional disturbance is the principal difficulty, or whether some brain

damage lowers the patient's neural threshold to such an extent that the usual anxieties of life may precipitate seizures. Be that as it may, the psychological approach is an important one in the practical handling of patients, and should have closer and more extensive study.

Such, in brief, are the investigations which have been carried on in our laboratories. A close coöperation with investigators at Columbia and McGill has been most valuable. There has been growing interest and increasing knowledge of this subject, so that at present there are several other centers in the United States where intensive clinical and experimental investigations of convulsions are being carried forward. One can appreciate the changed viewpoint and attitude in regard to epilepsy if he compares recent textbook dissertations with those written ten or fifteen years ago. More exact knowledge has taken place of surmises and conjectures. Active and varied therapeutic measures now replace stereotyped prescription of sedative drugs. Now a spirit of hope and expectancy replaces the discouraging sentiment that epilepsy always has been and always will be a hopeless condition. We have come to see more and more plainly that epilepsy is a symptom and not a disease complex. Each patient must be studied as an individual and the various factors, major and minor, underlying and precipitating, which have a part in the cause of seizures must be uncovered. This requires painstaking work in the case of each patient. It involves continuous work over a period of years by research investigators.

In order to supply means for continuing explorations of this field the "Harvard Epilepsy Commission" was appointed in 1929. At present the members of the Commission are:

Fritz B. Talbot, M.D., *Chairman*
Halfdan Lee, *Treasurer*
Robert Amory
Walter B. Cannon, M.D.
Stanley Cobb, M.D.
Bronson Crothers, M.D.
Christian A. Herter
Ralph Lowell

Investigators working under grants or auspices of the Commission are:

Stanley Cobb, M.D.
Miss Angelina Courtney
Miss Clarissa Donham
Henry S. Forbes, M.D.
Frank Fremont-Smith, M.D.
William Herman, M.D.
Harold L. Higgins, M.D.
William G. Lennox, M.D.
Tracy J. Putnam, M.D.
Fritz B. Talbot, M.D.
Paul I. Yakovlev, M.D.

A recent leaflet, printed to give concise information to the public, perhaps explains the essentials just as well as a more technical description. It reads:

HARVARD EPILEPSY COMMISSION

Why and by whom was the Commission formed?

The Commission was appointed by the President and Fellows of Harvard University in 1929 to organize, correlate, and perpetuate investigation of the convulsive disorders.

Why is investigation necessary?

There are more than 500,000 sufferers from epilepsy in the United States. The cause of the disease is not known. Treatment of it is inadequate.

Why is it important to pursue the work?

Epilepsy is probably responsible for more anxiety and unhappiness to patient and family than any other disease. Some patients have from 40 to 50 seizures a day. It is responsible for great economic loss and costs the country many millions of dollars yearly.

Increased knowledge of the condition has resulted in improved methods of treatment. More knowledge should give even better results. The Commission will send a list of publications on request.

Why should work be continued without interruption?

It is practically impossible to stop an in-

vestigation of this type and resume it later where the work left off.

How is the work maintained?

By voluntary subscription.

How is the money used?

To pay for research in hospitals. There are no overhead expenses.

How much money is needed?

$6,000 will be needed to carry on the work for one academic year. If subscriptions are not received the work will stop, as there is no other source of income.

Checks should be made out to the HARVARD EPILEPSY COMMISSION, *and mailed to Halfdan Lee, Treasurer, 250 Stuart St., Boston, Mass.*

1907—Twentieth-Fifth Anniversary—May, 1932

By James B. Ayer, M.D., Secretary

THE Medical School classes were small twenty-five years ago. Only 58 names appear in the roster of the senior class of that year. It was something of a surprise, therefore, when 31 of our original class, already depleted by death of 6 members, appeared for a day's reunion.

The plans were simple, but quite satisfying to all, as far as could be judged. The weather was of the best, and a good May day in Boston may well challenge the best in any state or country. By 9.00 A.M. the class began to gather in the amphitheatre of the Boston City Hospital, where they had met of old; but instead of the old masters, they found their own classmates now in the rôles of operator (Irving Walker), demonstrator (Gus Riley), and teacher (Cadis Phipps). Unfortunately our newly elected trustee, Martin English, was forced to be absent because of illness.

By 11.30 A.M., the class had been con-

veyed across the city and installed in the newly reconstructed rotunda of the Bulfinch Dome. Here they must have felt quite at home, and probably much more comfortable than when quizzed by Reginald Fitz in years gone by. Later they listened attentively at the Massachusetts General Hospital, although perhaps skeptically, to the wisdom of old classmates: Torr Harmer, Jack Bryant, Lloyd Brown, Charles McDonald and Jim Ayer.

For lunch, the club room at Vanderbilt Hall was reserved, in order to show the present living conditions of the medical students. Much praise was expressed for the building, its cuisine and service.

The afternoon was set apart for voluntary activities, some playing golf and others roaming about the school and its adjoining hospitals. The faculty room with the painting of our former beloved president, Francis Peabody, was not overlooked in the afternoon program.

At 7.30 P.M., 31 members sat down to dinner at the Tavern Club, where Jim Huntington had arranged an antique setting of candle and gas light, most appropriate for such elderly gentlemen. Donald Gregg made a record for all toastmasters. In two hours and a half he called upon the members individually and received responses from twenty-five. In fact 100 per cent of those summoned "did their bit". A few at the omega end of the alphabet felt obliged to leave early.

What was said? Reminiscences mostly, but intermingled with sage and philosophical remarks on medicine. One might judge that on the whole life had not been without its attractions. No bitterness or regrets were voiced, only satisfaction as to what the Harvard Medical School had been and now is.

As a permanent memorial of the meeting, Peabody's "Care of the Patient", delivered shortly before his death, with the author's photograph prefixed, was at each dinner place.

The twenty-fifth reunion is over. That it was a success is certain. The personal quality of the meeting, both in its intellectual and its social side, made it in every way worth while.

Members of the class present were:

Fred H. Allen, Holyoke, Mass.
James B. Ayer, Boston, Mass.
Francis G. Barnum, Brookline, Mass.
Austin T. Brant, Boston, Mass.
William J. Brickley, Boston, Mass.
Lloyd T. Brown, Boston, Mass.
John Bryant, Boston, Mass.
John W. Cahill, Worcester, Mass.
Arthur W. Carr, Bridgewater, Mass.
Charles O. Day, Boston, Mass.
Archibald M. Fraser, Boston, Mass.
Harold G. Giddings, Boston, Mass.
Donald Gregg, Wellesley, Mass.
Torr W. Harmer, Boston, Mass.
Fred A. Higginbotham, Watertown, Mass.
James L. Huntington, Boston, Mass.
Oliver A. Lothrop, Boston, Mass.
Earl J. Mathewson, Pawtucket, R. I.
Charles A. McDonald, Providence, R. I.
Sherman Perry, Winchendon, Mass.
Cadis Phipps, Boston, Mass.
Mason R. Pratt, Swampscott, Mass.
John E. Rice, Worcester, Mass.
Augustus Riley, Boston, Mass.
Michael J. Shaughnessy, Framingham, Mass.
Richard M. Smith, Boston, Mass.
Frederic A. Stanwood, Wellesley Hills, Mass.
Roy E. Sturtevant, Lake Forest, Ill.
Edward A. Supple, Boston, Mass.
Charles W. Waddell ,Fairmont, W. Va.
Irving J. Walker, Boston, Mass.
William James, Cambridge, Mass., Ex. 1907.

MASSACHUSETTS GENERAL HOSPITAL

October 30, 1931 through April 9, 1932

In January of this year the Warren Triennial Prize was awarded Mr. Henry K. Beecher, fourth-year medical student, for his essay entitled: "The Effect of Laparotomy on the Lungs and Respiration."

* * *

The staff of resident physicians and house officers is to be reorganized so that, beginning September 1, 1932, there will be one chief resident physician and five assistant resident physicians. The length of service for medical house officers will be nineteen months instead of twenty-two months. The resident physician will cover

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List of Hospital Interneships, Class of 1932

Name	Hospital	Service	Dates	
Altschule, M. D.	Peter Bent Brigham	Pathology	Jan. '32	July '32
	Beth Israel	Medical	Nov. '32	July '34
Angley, J. C.	Los Angeles County General	Rotating		
Arimizu, R. H.	Strong Memorial, Rochester	Surgical	Sept. '32	Sept. '33
Atkins, J. A.	Henry Ford, Detroit	Rotating		
Bachulus, M. J.	Massachusetts General	Surgical	July '32	Aug. '34
Baker, G. S.	Rochester General	Rotating	July '32	July '33
Beaver, N. E.	Rhode Island, Providence	Rotating	Apr. '33	Jan. '35
Beecher, H. K. U.	Massachusetts General	Surgical	Oct. '32	Nov. '34
Binkley, J. S.	St. Francis, N. Y. C.	Surgical	July '32	July '34
Borland, J. L.	Duke University, Durham, N. C.	Medical	Sept. '32	Sept. '33
Brewer, L. W.	Boston City	4th Medical	July '32	Jan. '34
Broad, G. G.	Syracuse Memorial, Syracuse	Rotating	July '32	July '33
Budnitz, I. E.	Beth Israel	Medical	Mar. '33	Nov. '34
Bulley, F. W.	Strong Memorial, Rochester	Pediatrics	July '32	July '33
Campbell, R. S.	Roosevelt, N. Y. C.	Surgical	Jan. '33	Jan. '35
Cantlon, J. V.	L. I. College, Brooklyn	Surgical		
Cantril, S. T.	Voluntary student, Mayo Clinic	Pathology	July '32	Jan. '33
	Michael Reese, Chicago	Rotating	Jan. '33	Jan. '35
Carey, B. W., Jr.	Johns Hopkins, Baltimore	Medical	Sept. '32	Sept. '33
Chamberlain, J. W.	Strong Memorial, Rochester	Surgical	July '32	July '33
Chambers, A. R.	Lankenau, Philadelphia	Rotating	Jan. '33	Jan. '35
Clark, T. D.	Newton, Newton	Rotating	July '32	July '33
Cogan, D. G.	University Clinics, Chicago	Medical	July '32	July '33
Cornwall, B. F.	L. I. College, Brooklyn	Surgical	July '32	July '33
Corson, C. C.	Boston City	4th Surgical	Nov. '32	Nov. '34
Cutts, F. B.	Massachusetts General	Medical	Oct. '32	May '34
Dean, F. W.	Hartford, Hartford	Rotating	July '32	Jan. '34
Dietrich, H. F.	Children's, Boston	Pediatrics	Jan. '33	Jan. '36
Domser, R. A.	Hartford, Hartford	Rotating	July '32	Jan. '34
Doyle, J. B.	Boston City	2nd Surgical	July '32	July '34
Duncombe, A. L.	Massachusetts General	Medical	Oct. '32	Aug. '34
Dupertuis, S. M.	Peter Bent Brigham	Surgical	Oct. '32	Feb. '34
Dynes, J. B.	Evanston, Evanston	Rotating	Oct. '32	Oct. '33
Eckles, D. H.	Philadelphia General	Rotating	July '32	July '34
Farrell, M. E.	Mercy, Pittsburgh	Rotating	July '32	July '33
Finn, H. G.	Boston City	2nd Surgical	July '32	July '34
Franklin, J. E.	Harper, Detroit	Rotating	July '32	July '33
Gaetan, L. R.	Hosp. Gen. de Madrid, Madrid	Medical	Oct. '32	Oct. '33
Garrard, R. L.	Rhode Island, Providence	Rotating	Jan. '33	Nov. '35
Gaston, E. A., Jr.	Boston City	5th Surgical	Nov. '32	Nov. '34
Gibson, J. G.	Peter Bent Brigham	Medical	June '32	Nov. '33
Goldowsky, S. J.	Beth Israel	Surgical	July '32	Mar. '34
Goodman, J., Jr.	Boston City	5th Medical	Apr. '33	Oct. '34
Graham, C. P.	Massachusetts General	Surgical	Jan. '33	Feb. '35
Gratiot, J. H.	New York, N. Y. C.	Surgical	Jan. '33	Jan. '34
Green, W. F.	L. I. College, Brooklyn	Medical	July '32	July '33
Gregg, W. I.	Massachusetts General	Surgical	Apr. '33	May '35
Griffith, T. S.	Rhode Island, Providence	Rotating	Nov. '32	Nov. '34
Ham, J. C.	Boston City	2nd Medical	Oct. '32	Apr. '34
Hamilton, J. E.	Boston City	Pathology	Aug. '32	Aug. '33
Hanley, F. J., Jr.	Beverly, Beverly	Rotating	Sept. '32	Sept. '33
Hardy, T. E., Jr.	Newton, Newton	Rotating	July '32	July '33
Hartwig, C. H.	Lakeside, Cleveland	Surgical	Mar. '33	July '34
Heels, G. E.	Boston City	3rd Surgical	Mar. '33	Mar. '35
Hewitt, W. P.	Lawrence and Memorial, New London	Rotating	July '32	July '33

Hinchey, P. R.	Boston City	5th Surgical	Mar. '33	Mar. '35
Hirning, L. C. B.	Grasslands, Valhalla, N. Y.	Rotating	Jan. '33	Jan. '34
Hobbs, J. R.	Newton, Newton	Rotating	July '32	July '33
Holbrook, A. A.	Massachusetts General	Medical	Apr. '33	Feb. '35
Holt, W. L., Jr.	Western Pennsylvania, Pittsburgh	Rotating	July '32	July '33
Holtham, W. H.	Boston City	Pathology	July '32	July '33
Hopkins, J. R.	Beverly, Beverly	Rotating	Aug. '32	Aug. '33
Hume, W. F.	Strong Memorial, Rochester	Surgical	July '32	July '33
Humphrey, E. C.	Presbyterian, N. Y. C.	Medical	Oct. '32	Nov. '34
Ilfeld, F. W.	Lakeside, Cleveland	Rotating	Mar. '33	Mar. '35
Impink, R. R.	Pennsylvania, Philadelphia	Rotating	Sept. '32	Sept. '34
Irvine, S. R.	Springfield	Rotating	July '32	Jan. '33
Jenkins, E. K.	St. Luke's, New Bedford	Rotating	July '32	July '33
Jennings, R. E.	Children's, Boston	Medical	Mar. '32	Sept. '34
Johnson, R. E.	Mass. Public Health Dept., Boston		July '32	July '33
Jones, W. S.	Rhode Island, Providence	Rotating	Oct. '32	July '34
King, L. S.	Boston City	Neurological	July '32	July '33
Knight, J. E.	Truesdale, Fall River	Rotating	July '32	July '33
Koehler, L. H.	Lakeside, Cleveland	Medical	Oct. '32	Feb. '34
Krumbhaar, G. D.	Presbyterian, N. Y. C.	2nd Surgical	Oct. '32	Nov. '34
Kunath, C. A.	General, Cincinnati	Rotating	July '32	July '33
Laroe, H. F.	L. I. College, Brooklyn	Surgical	July '32	July '33
Leister, C. M.	Allegheny General, Pittsburgh	Rotating	July '32	July '33
Levine, H. D.	Beth Israel	Pathology	Apr. '32	Dec. '32
Loewen, D. F.	Presbyterian, Chicago	Rotating	Sept. '32	Mar. '34
Longacre, J. J.	Geisinger Memorial, Danville, Pa.	Rotating	July '32	July '33
Luke, H. B.	St. Luke's, New Bedford	Rotating	July '32	July '33
MacCready, R. A.	Hartford, Hartford	Rotating	Jan. '33	July '34
McCune, S. S.	St. Luke's, Chicago	Rotating	July '32	July '33
McDermott, N. T.	Yale Institute of Human Relations	Psychiatry	June '32	Feb. '33
	Lakeside, Cleveland	Medical	Feb. '33	July '34
McMartin, D. M.	L. I. College, Brooklyn	Medical	July '32	July '33
McSwain, G. H.	Charity, New Orleans	Rotating	July '32	July '34
Mansfield, J. S.	New York, N. Y. C.	Medical	Sept. '32	Sept. '33
Matarese, A. A.	Worcester City	Rotating	Feb. '33	Feb. '35
Messenger, H. K.	Mass. Eye & Ear Infirmary	Ophthalmic	July '32	Mar. '34
Morrissey, E. J.	Geisinger Memorial, Danville, Pa.	Rotating	July '32	July '33
Murray, A. C.	Worcester City	Rotating	Aug. '32	Aug. '34
Nealon, J. R.	Mercy, Wilkes-Barre, Pa.	Rotating	July '32	July '33
Oberson, H .J.	San Diego County General	Rotating	July '32	July '33
Parker, J. S.	St. Luke's, Cleveland	Rotating	July '32	July '33
Pasternacki, N. T.	Harper, Detroit	Rotating	July '32	July '33
Patterson, R. L., Jr.	Peter Bent Brigham	Surgical	July '32	Nov. '33
Pender, P. F.	Utica General, Utica	Rotating	July '32	July '33
Rew, W. B.	Children's, Boston	Pathology	July '32	Jan. '33
		Surgical	Jan. '33	Apr. '34
Richards, E. D.	Lakeside, Cleveland	Surgical	Nov. '32	Mar. '34
Rose, A. S.	Massachusetts General	Medical	July '32	May '34
Sanderson, R.	Boston City	2nd Medical	Apr. '33	Oct. '34
Savastano, A.	Mountainside, Montclair, N. J.	Rotating	July '32	July '33
Scarborough, J. E., Jr.	Roosevelt, N. Y. C.	Surgical	July '32	July '34
Seastone, C. V., Jr.	National Research Council, H. M. S.	Bacteriology		
Settle, E. B.	Boston Sanatorium			
Shipman, T. L.	Faulkner, Boston		June '32	June '33
Smith, F. J. C.	Massachusetts General	Surgical	Apr. '33	May '35
Smith, J. R.	Rhode Island, Providence	Rotating	Oct. '32	Oct. '34
Spencer, R. F.	Boston City	5th Surgical	July '32	July '34

Spink, W. W.	Boston City	4th Medical	Jan. '33	July '34
Squires, A. W.	Rhode Island, Providence	Rotating	July '32	Apr. '34
Steele, F. J.	St. Vincent, Worcester	Rotating	July '32	July '33
Sterner, J. H.	Lankenau, Philadelphia	Rotating	July '32	July '34
Stewart, W. C.	Massachusetts General	Medical	Apr. '33	Feb. '35
Stillman, J.	Presbyterian, N. Y. C.	Surgical	Feb. '33	Feb. '35
Thro, J. W.	Rochester General, Rochester	Rotating	July '32	July '33
Van Raalte, L. H.	Lawrence and Memorial, New London	Rotating	July '32	July '33
Walker, C. E., Jr.	St. Luke's, Denver	Rotating	July '32	July '33
Walter, C. W.	Peter Bent Brigham	Surgical	Jan. '33	May '34
Waltman, C. A.	Presbyterian, N. Y. C.	Surgical	Feb. '33	Mar. '35
Wearn, F. S.	St. Luke's, N. Y. C.	Surgical	July '32	July '34
Welch, C. E.	Massachusetts General	Surgical	Oct. '32	Nov. '34
Welch, R. F.	Boston City	Pediatrics	Aug. '32	Jan. '33
Whitney, R. S.	Boston City	4th Medical	Oct. '32	Apr. '34
Wilkins, G. F.	Peter Bent Brigham	Surgical	Oct. '32	Feb. '34
Wise, C. R.	Presbyterian, N. Y. C.	Medical	Feb. '33	Mar. '35
Yengling, A. A.	Lakeside, Cleveland	Surgical	Mar. '33	July '34

THE YOUNGEST OF THE FAMILY

By Joseph Garland, M.D., Instructor in Pediatrics, Harvard Medical School. 205 pages, illustrated. Harvard University Press. Price $2.

This latest addition to the books dealing with care and training in infancy and early childhood differs from the usual manuals for mothers' reference. Although it is elementary and contains some of the conventional tables, routines, and receipts, it makes no attempt to cover in monotonous detail all the items in child care. It opens with an attempt to give the mother a reasonable point of view and an understanding of the importance of providing good care; and then proceeds to describe simply, and in some detail, how to carry out this care. From the cover design (a baby sucking two fingers), one might anticipate a startling lack of conformity in advocating habits previously frowned upon by the profession, but the text dispels this suspicion. The disadvantages of finger sucking are, in fact, clearly described and demonstrated with casts and drawings. The advice is, as would be expected of the author, sound and conservative.

There is nothing formal in style or stilted in outline. The book is short; and the subject matter is simply presented, and very readable. The informality of treatment causes some confusion as to what are "General Health Principles" and what are minor details of their application, but on the whole the book leaves the reader with a sense of relative values which a more comprehensive reference book could not attain.

H. C. S.

HONOR FOR DR. JOSLIN

Dr. Elliott P. Joslin, Clinical Professor of Medicine at the Harvard Medical School received the Kober Medal, which is awarded annually for contributions to progress and achievement in the medical sciences. The council of the Association of American Physicians selected Dr. Joslin for that honor because of his researches on diabetes mellitus. The medal was presented at the annual meeting of the association, in Atlantic City, N. J., May 3.

DUNHAM LECTURES

Two Edward K. Dunham lectures for the promotion of the medical sciences were given at the Harvard Medical School, on May 3 and 5, by Ludwig Pick, M.D., professor of pathology at the University of Berlin and director of the Pathological-anatomical Institute, Municipal Hospital, Friedrichshain, Berlin. His subjects were "A Classification of the Diseases of Lipoid Metabolism and Gaucher's Disease" and "Niemans-Pick's Disease and Other Forms of So-called Xanthomatosis".

An Innovation. At a recent meeting of the Council of the Harvard Medical Alumni Association the suggestion was made that our President go before the graduating class to welcome them into the graduate body and to explain the purposes and activities of the Association. The idea met with an immediate response which has continued to grow and expand. The discussion made it evident that such a meeting would fill a long felt, though inarticulate, want; and the undergraduates have already demonstrated enthusiasm for the plan.

Graduation from Medical School has always been an anti-climax. After working for four years to earn a degree which, in many ways, means more to him than his college degree, the newly-hatched M.D. feels quite naturally that something very important has happened in his life. For the proper observance of this great event, it is not enough to elect representatives from the class to attend the Commencement exercises in Cambridge. Realizing this, we have decided that something more than a perfunctory speech by the President is called for, and after consultation with various alumni and representatives of the graduating class it has been decided that the Alumni Association should invite the Senior Class to a dinner at Vanderbilt Hall on Tuesday, May 24th. The Senior Class have been asked to furnish the alumni with a list of about twenty graduates or teachers whom they would like to have invited to the dinner as guests of honor.

Dr. Alfred Worcester and Dr. Harvey Cushing have enthusiastically supported the idea and have agreed to speak at the dinner, which will be an entirely informal social affair. With such backing, our initial party promises to be a great success and may start an important and worthy precedent for our Association.

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TREASURER'S REPORT

September 15, 1931 to May 15, 1932

This report does not cover the entire fiscal year and, therefore, should be considered an interim statement. Eight months have elapsed since the last treasurer's report was published in the November issue of the BULLETIN.

This year (1931-1932), 814 members have subscribed a total of $2,877.00 to the Association, or an average of $3.53 per person. This means that the number actively supporting the Harvard Medical School Alumni Association has been reduced 19 per cent. We realize that this has been a year of hardship for many, but we hope that we shall hear from more members during the summer. At the same time we wish to thank those whose generous subscriptions have increased the average of money subscribed per person.

Association expenses have been kept at a minimum this year. By careful planning the BULLETIN has cost less to publish, as have our appeals for your contributions. The earning power of the BULLETIN has been increased in that $237.50 more advertising was sold.

The Association has continued its contributions toward the hospital expenses of poor and needy students, aiding nine since September.

The financial report of the Association for the year 1931-1932 is necessarily incomplete, but your Treasurer has estimated to the best of his ability what the unpaid expenses will amount to:

Actual Receipts	
Bank Balance—September 15, 1931	$ 560.59
1931-1932 Appeals	2,877.00
Advertising	814.50
Bank Interest	6.47
	$4,258.56

Actual Expenditures	
Cost of Bulletin (3 issues)	$1,031.75
Cost of Appeals	325.06
Secretary's Wages (to date)	666.66
Bank Charges	1.29
Incidentals	15.53
Student Sickness Support	328.65
	$2,368.94
Receipts to date	$4,258.56
Expenditures to date	2,368.94
Bank Balance—May 15, 1932	$1,889.62

Estimated Receipts	
Appeals	$ 60.00
Annual Meeting	150.00
	$210.00

Estimated Expenditures	
Cost of Bulletin (1 issue)	$325.00
Secretary's Wages	333.34
Student Sickness Support	671.35
Costs Annual Meeting	250.00
Commencement Fee	100.00
Advanced Work on Appeals (1932-33)	178.30
Incidentals	10.00
	$1,867.99
Estimated Expenditures	$1,867.99
Estimated Receipts	210.00
Estimated Deficit for Remainder of Year	$1,657.99
Bank Balance—May 15, 1932	1,889.62
Estimated Bank Balance—September 15, 1932	$ 231.63

Respectfully submitted,
Augustus Thorndike, Jr.,
Treasurer.

NECROLOGY

'67—Martin Van Buren Dunham, died at Fairfield, Conn., April 21, 1932.

'67—James Henry Kimball, died at Melrose Highlands, Mass., March 30, 1932.

'70—Charles Whitney Page, died at Hartford, Conn., February 16, 1932.

'72—Charles Averill Lovejoy, died at Lynn, Mass., February 17, 1932. He was a well-known physician in Lynn; he was one of the founders of the Lynn Hospital.

'73—Samuel Hill Mann, died at Northampton, Mass., October 24, 1931.

'77—William Appleton, died at Boston; aged 85, March 21, 1932.

'78—Jose de Sousa Bettencourt, died at San Francisco, Calif., December 4, 1931.

'79—Thomas Moulton Durell, of Somerville, Mass.; on the staff of the Somerville Hospital; died March 4, 1932 of arteriosclerosis.

'84—James Walter Heustis, died at Dubuque, Ia., April 9, 1932.

'84—Arthur Morey Round, died at Boston, February 24, 1932. He practised for many years in Norton, Mass.

'87—Robert Mowry Bell, of Crystal Bay, Minn., died December, 1931.

'89—William Eastman Fay, died at Santa Monica, Cal., January 15, 1932; aged 61. He had been ill for a year, and went to Santa Monica for special treatment. He had practised medicine in Boston for more than 35 years.

'94—Benjamin Frazier Cunningham, died at Paso Robles, Cal., February 8, 1931.

'96—George O. Lavallee, of Lowell, Mass.; censor of the Middlesex Medical Society; active in civic welfare, died January 12, 1932.

'97—Harry E. Williams; president of the Kennebec Medical Society in 1929; died April 18, 1931, after practising for 25 years in Mount Vernon, Maine.

'00—Harold Thornton Bibber, died at Portland, Maine, May 14, 1931.

'01—Franklin Edward Clark, died at Portland, Maine, October 21, 1931.

'02—Wilson Eugene Hunt, died at Malden, Mass., March 30, 1932. He was especially interested in the pioneer establishment of clinics in and about Boston.

'02—Ivus Irvin Richmond, died at Brockton, Mass., April 8, 1932.

'17—Percy Langdon Wendell, died at Boston, March 13, 1932.

'24—Selling Brill, instructor in surgery at the University of California Medical School; died January 23, 1932. Dr. Brill was engaged in research work in chest surgery.

'28—Eugene Chellis Glover, died at Boston, January 22, 1932; aged 29.